

CLAIMS ONLY						Application Number <i>106699386</i>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
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Total Indep			4					
Total Depend			11					
Total Claims			15					